

Foster Family Home - Corrective Action Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-1

1052 Luehu Street

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 11/5/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 11/5/19. Corrective Action Report issued during home inspection with all items due to CTA by 12/5/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home


Personnel and Staffing

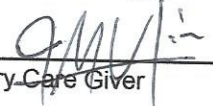
[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certificate for CG #2.


Compliance Manager


Primary Care Giver

11/5/19
Date

11/5/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JOHN MORICK U-TU

CCFFH Address: 7052 Luahu St - Pearl City HI, 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-(b)(8)	I received a current first aid certificate from CG #2 and place in my CCFFH binder.	11/5/19	I will get all necessary certificate all the time I add new CG's.

Primary Caregiver's Signature: John Morick

Print Name: JOHN MORICK U-TU Date of Signature: 11/5/19